



Low-Income Senior Citizens Assessment Freeze Homestead Exemption for 2026

KANE COUNTY ASSESSMENT OFFICE
719 Batavia Avenue
Geneva, Illinois 60134-3000

(630) 208-3818
Assessments.KaneCountyIL.gov



Please **file this form immediately for the 2026 (taxes payable 2027) assessment year.** You will not receive another application for this exemption.



To qualify for the Senior Freeze for 2026, you must have:

- Owned and occupied the property since January 1, 2025;
- Be 65 or older by December 31, 2026; and
- Have a total household income (as defined below) no greater than \$75,000 in 2025.

Checklist before filing

- Did you fill out the form completely, including part 3?
- Did you include ALL income for
 - The applicant
 - The applicant's spouse, and
 - Everyone else who lived in the home on January 1, 2025?
- Did you attach copies of the **entire 2025 Federal tax returns for the applicant, applicant's spouse, and everyone who lived in the home** on January 1, 2025?
- If any of the above was not required to file a 2025 Federal tax return, **did you attach copies of the SSA-1099 and all 1099 forms** for annuities, 401ks, other pensions, interest income, rental income, life insurance dividends, etc.?
- **Incomplete applications (including applications missing income documentation) cannot be approved for the exemption.**
- **All applications are subject to audit (35 ILCS 200/15-172).**
- **A taxpayer's signing a fraudulent application under this Act is perjury, as defined in Section 32-2 of the Criminal Code of 2012.**

Assistance in filling out these forms is available at:

County Assessment Office
(All of Kane County)
630-208-3818
M-F, 8:30 a.m.-4:30 p.m.

Senior Services of Aurora
(St. Charles and south)
630-897-4035
M-F, 8 a.m.-4 p.m.

Senior Services of Elgin
(South Elgin and north)
847-741-0404
M-F, 8 a.m.-4 p.m.

You may also contact your Township Assessor's office for assistance.

Low-Income Senior Citizen Assessment Freeze Homestead Exemption Frequently Asked Questions

What is the “Senior Freeze” Exemption?

The *Low-Income Senior Citizens Assessment Freeze Homestead Exemption* reduces the EAV of a home by the difference between the 2026 EAV and the EAV of the “Base Year”. The base year generally is the year prior to the year the taxpayer first receives the exemption.

This exemption does not freeze the amount of a property tax bill, which could change if the tax rate changes. The assessment and tax bill may increase if improvements are added to the home. However, if the EAV of the home decreases in the future, the taxpayer will benefit from any reduction.

Who is eligible?

To qualify to renew the *Low-Income Senior Citizen Assessment Freeze Homestead Exemption*, one of the owners of the property must:

- Be 65 years old no later than December 31, 2026; and
- Own the property or have an equitable interest in it by written instrument, or had a leasehold interest in the single family home (*if the ownership is via a life estate, the instrument that grants the life estate must be recorded with the Kane County Recorder*); and
- Use the property as your principal residence on both January 1, 2025 and January 1, 2026; and
- Have a total household income \$75,000 or less in 2025.

SPECIAL SITUATIONS:

- *If your property is assessed under the mobile home privilege tax, you do not qualify for this exemption.*
- *If your spouse died in 2026 and would have qualified for the exemption in 2026, and you meet all requirements except the age requirement, you are eligible for this exemption in 2026.*
- *If the qualifying taxpayer received the Senior Freeze in the past, but is now a resident of a facility that is a facility licensed under the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, or the ID/DD Community Care Act, and your property is unoccupied or is occupied by the spouse of the qualifying taxpayer, the property may be eligible if the other requirements are met.*
- *If you are a resident of a cooperative apartment building or cooperative life-care facility, you may qualify for this exemption if you are liable for the payment of property taxes on your residence and meet the other eligibility requirements.*

What is a household?

A household means the applicant, the applicant’s spouse, and **all** persons who use the residence of the applicant as their principal dwelling place on January 1, 2026, whether they pay rent or not.

What is included in household income?

Household income includes your income, your spouse’s income, and the income of **all** persons living in the household. Examples of income are listed below. (For specific questions, see P. 3, Part 2)

- Alimony or maintenance received
- Annuity benefits and other pensions
- Black Lung benefits
- Business income, including capital gains (See the specific instructions on page 3 for lines 8, 9 and 10)
- Capital gains
- Cash assistance from the Illinois Department of Human Services and/or any other governmental cash assistance
- Cash winnings from such sources as raffles, lotteries, and gambling
- Civil Service benefits
- Damages awarded in a lawsuit for nonphysical injury or sickness (for example, age discrimination or injury to reputation)
- Dividends

- Farm income
- Illinois Income Tax Refund (only if you received Form 1099-G)
- Interest, including interest received on life insurance policies
- Long term care insurance (*federally taxable portion only*)
- Lump sum Social Security payments
- Miscellaneous income from rummage sales, recycling aluminum, babysitting, etc.
- Military retirement pay based on age or length of service
- Monthly insurance benefits
- Pension and IRA benefits (*federally taxable portion only*)
- Railroad Retirement benefits (*Including Medicare deductions*)
- Rental income
- Social Security income (*including Medicare deductions*)
- Supplemental Security Income (SSI) benefits
- Unemployment compensation (all)
- Wages, salaries, and tips from work
- Workers’ Compensation Act Income
- Workers’ Occupational Diseases Act income

What is not included in household income?

Examples of income that are not included in household income are listed below (For specific income questions, see P. 3, Part 2)

- Cash gifts and loans
- Child support payments
- COBRA Subsidy Payments
- Damages paid from a lawsuit for a physical injury or sickness
- Energy Assistance payments
- Federal income tax refunds
- IRAs “rolled over” into other retirement accounts, unless “rolled over” into a Roth IRA
- Lump sums from inheritances or insurance policies
- Money borrowed against a life insurance policy or from any financial institution
- Reverse mortgage payments
- Spousal impoverishment payments
- Stipends from Foster Parent and Foster Grandparent programs
- Veterans’ benefits

What if I have a net operating loss or capital loss carryover from a previous year?

You cannot include any carryover of net operating loss or capital loss from a previous year. You can include only a net operating loss or capital loss that occurred in 2025 up to the maximum allowed by the government for federal tax returns.

Will my information remain confidential?

All information received from your application is confidential and may be used only for official purposes.

When must I file?

If you are eligible for the Low-Income Senior Citizen Assessment Freeze Homestead Exemption, you should file this form with the County Assessment Office by **July 1, 2026**. You must file an application **every year** to continue to receive this exemption. The eligibility requirements listed under “Who is eligible?” must be met each year. *Additional documentation (i.e., birth certificates, tax returns, etc.) may be required by the County Assessment Office to verify the information in this application.*

What if I need additional assistance?

If you have questions about this form, please contact the Kane County Assessment Office at (630) 208-3818.

Step-by-Step Instructions for Filing this Form

Part 1: Complete the following information

Application Data—Type or print your name, address, date of birth, and phone number.

Lines 1 through 3—Follow the instructions on the form.

Line 4—Write the names, relationship to the applicant and date of birth for **all other individuals, including your spouse**, who used the property for their principal residence on January 1, 2026. Attach an additional sheet if necessary.

Part 2: Complete the 2025 income information for the entire household

“Income” for this exemption means 2025 federal adjusted gross income, **plus** certain items subtracted from or not included in your federal adjusted gross income (320 ILCS 25/3.07). These include tax-exempt interest, dividends, pensions, annuities, net operating loss carryovers, capital loss carryovers, and Social Security benefits. Income also includes public assistance payments from governmental agency, Supplemental Security Income, and certain taxes paid. These step-by-step instructions provide federal return line references and reporting statement references, whenever possible.

*The amounts written on each line must include your 2025 income and the income of **all** the other individuals living in the household.*

As an alternative income valuation, a homeowner who is enrolled in any of the following programs may be presumed to have household income that does not exceed the maximum income limitation for that tax year: Aid to the Aged, Blind or Disabled (AABD) Program or the Supplemental Nutrition Assistance Program (SNAP), both of which are administered by the Department of Human Services; the Low Income Home Energy Assistance Program (LIHEAP), which is administered by the Department of Commerce and Economic Opportunity; The Benefit Access program, which is administered by the Department on Aging; and the Senior Citizens Real Estate Tax Deferral Program.

Line 1—Social Security and Supplemental Security Income (SSI)

Benefits Write the total amount of any retirement, disability, or survivor’s benefits (including Medicare deductions) the entire household received from the Social Security Administration. (Shown on form SSA-1099, box 3 or use box 5 only if there is a reduction of benefits.) You must also include any Supplemental Security Income (SSI) the entire household received and any benefits to dependent children in the household. Do not include reimbursements under Medicare/Medicaid for medical expenses. *Note: The amount deducted for Medicare is already included in the amount in box 3 of Form SSA-1099 (line 6a of Federal 1040).*

Line 2—Railroad Retirement benefits Write the total amount of any retirement, disability, or survivor’s benefits (including Medicare deductions) the entire household received under the Railroad Retirement Act (shown on Forms SSA-1099 and RRB-1099).

Line 3—Civil Service benefits Write the total amount of any retirement, disability, or survivor’s benefits the entire household received under any Civil Service retirement plan (shown on Form 1099-R).

Line 4—Annuities and other Retirement Income Write the total income the entire household received as an annuity, endowment, life insurance contract or similar contract or agreement (shown on Form 1099-R). Include only the federally taxable portion of IRAs, IRAs converted to Roth IRAs, and pensions (shown on Federal 1040, Line 4b and 5b). IRAs are not taxable when “rolled over”, unless “rolled over” into a Roth IRA.

Line 5—Human Services and other governmental cash public assistance benefits Write the total amount of Human Services and other governmental cash public assistance benefits the entire household received. If the first two digits of any member’s Human Services case number are the same as any of those in the following list, you must include the total amount of any of these benefits on Line 5.

01—aged

02—blind

03—disabled

04 and 06— temporary assistance to needy families (TANF)

07—general assistance

To determine the total amount of the household benefits, multiply the monthly amount each person received by 12. You must adjust your figures accordingly if anyone in the household did not receive 12 equal checks during this period. Food stamps, medical assistance benefits anyone in the household may have received are not considered income and should not be added to your total income.

Line 6—Wages, salaries, and tips from work Write the total amount of wages, salaries, and tips from work, for every household member (shown in box 1 of form W-2).

Line 7—Interest and dividends received Write the total of all interest and dividends the entire household received from all sources, including any government sources (shown on Forms 1099-INT, 1099-OID, and 1099-DIV). You must include both taxable and nontaxable amounts.

Line 8—Net rental, farm, and business income or (loss) Write the total amount of any net income or loss from rental, farm, business sources, etc., the entire household received, as allowed on Federal 1040, Schedule 1, Lines 3, 5 and 6. **Attach IRS Schedule C, E and/or F to the application. You cannot use any net operating loss (NOL) carryover in figuring income.**

Line 9—Net capital gain or (loss) Write the total amount of any taxable capital gain or loss the entire household received in 2025, as allowed on Federal 1040, Line 7a and Schedule 1, Line 4. **Attach IRS Schedule D if required on Federal 1040. You cannot use a net capital loss carryover in figuring income.**

Line 10—Other income or (loss) Write the total amount of any other income or loss not included in Lines 1 through 9 that is included in federal adjusted gross income, such as alimony received, unemployment compensation, taxes withheld from oil or gas well royalties. **You cannot use any net operating loss (NOL) carryover in figuring income.**

Line 11—Add Lines 1 through 10.

Line 12—Subtractions You may subtract **only** the reported adjustments to income totaled on U.S. 1040, Schedule 1, Line 26:

- Educator expenses
- Health savings account deduction
- IRA deduction
- Student loan interest deduction
- Jury duty pay you gave to your employer
- Archer MSA deduction
- Moving expenses for members of the Armed Forces
- Deductible part of self-employment tax
- Self-employed health insurance deduction
- Self-employed SEP, SIMPLE, and qualified plans
- Penalty on early withdrawal of savings
- Alimony or maintenance paid

Line 13—Total household income Subtract Line 12 from Line 11. If this amount is greater than \$75,000, **you do not qualify for this exemption.**

Part 3: Complete this affidavit

Lines 1 through 5—Read the affidavit carefully. Check any statements that pertain to you; all statements **must** be marked.

→**Note:** You **must** sign your application.

When complete, please mail your completed form and accompanying tax return(s) and all schedules to:

Kane County Assessment Office
719 Batavia Avenue
Geneva, Illinois 60134-3000



Low-Income Senior Citizens Assessment Freeze Homestead Exemption for 2026

KANE COUNTY ASSESSMENT OFFICE
719 Batavia Avenue
Geneva, Illinois 60134-3000

Part 1: Complete the following information Please type or print

1. _____
 Last Name of Applicant First name Initial
 Applicant's Date of Birth _____ / _____ / _____
 Mailing Address _____
 City State ZIP Applicant's Telephone (____) _____

2. _____
 Property Address Parcel number (located on mailing label of this form, on your most recent property tax bill or assessment notice, or by calling the County Assessment Office at (630) 208-3818.)
 City ZIP

3. Name of spouse _____ Address of Spouse _____ Spouse date of birth _____

4. On January 1, 2026, in addition to myself (and spouse, if applicable), the following individuals used the property listed for their principal residence. The income of all individuals listed below must be included in Part 2. Attach an additional sheet if necessary.

	First and last name	Relationship to applicant	Date of birth
4a	_____	_____	_____
4b	_____	_____	_____
4c	_____	_____	_____
4d	_____	_____	_____

Please detach this page from instructions before mailing.

Part 2: Complete the 2025 yearly income information for the entire household

1	Social Security and SSI benefits. Include Medicare deductions in this total (Must match box 5 of Form SSA-1099 (also shown on line 6a of Federal 1040) (household total)	1	_____	_____
2	Railroad Retirement benefits. Include Medicare deductions in this total (household total)	2	_____	_____
3	Civil Service benefits (household total)	3	_____	_____
4	Annuity benefits and federally taxable pensions and retirement plan distributions. (household total)	4	_____	_____
5	Human Services and any governmental cash public assistance benefits (household total)	5	_____	_____
6	Wages, salaries, and tips from work (household total)	6	_____	_____
7	Taxable dividends and both taxable and non-taxable interest received (household total)	7	_____	_____
8	Net rental, farm, and business income or (loss). See instructions for Line 8 (household total); attach entire Schedule C, E and/or F.	8	_____	_____
9	Net capital gain or (loss). See instructions for Line 9 (household total); attach Schedule D.	9	_____	_____
10	Other income or (loss). See instructions for Line 10 (household total)	10	_____	_____
11	Add Lines 1 through 10.	11	_____	_____
12	Certain subtractions. You may subtract only the reported adjustments to income from Federal 1040, Schedule 1, Line 26.			
	Subtraction item		Amount	
12a	_____		_____	
12b	_____		_____	
	Add the amounts on Lines 12a and 12b and write the result.	12	_____	_____
13	Subtract Line 12 from Line 11, and write the result. This is your total household income for 2025. If this amount is greater than \$75,000, you do not qualify for this exemption.	13	_____	_____

Continue on Back

Part 3: Complete the Affidavit (MUST answer all questions and check all that apply).

1 On January 1, 2025 **and** January 1, 2026 (both must apply), the property listed in Part 1, Line 1, is a permanent structure that was: used as my principal residence, **or**
 a residence on which I have previously received this exemption before becoming a resident of a facility licensed under the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, or the ID/DD Community Care Act **and** the residence is unoccupied or is used as the principal residence of my spouse.

Name of Licensed Facility _____

Address _____ Date entering facility _____

2 On January 1, 2025 **and** January 1, 2026 (both must apply), for the property listed in Part 1, Line 1:
 I was the owner of record for the property as evidenced by a deed; **or**
 I was the owner of record for the property via a recorded life estate (Doc. No. _____) **or**
 I had legal or equitable interest in the property by a written instrument (*attach copy*); **or**
 I had a leasehold interest in the property that was used as a single-family residence (*attach copy*).

3 In 2026, either: I am or will be 65 years of age or older, **or**
 My spouse, who died in 2026, would have been age 65 or older. If my spouse died in 2026,

3a The name of my deceased spouse was _____

3b The date of death of my deceased spouse was _____ / _____ / _____
Month Day Year

4 Do you own any other real estate anywhere in the United States?
 Yes; the address of the real estate is _____.
If yes, you must provide a copy of the most recent property tax bill for each property.
 No, this is the only property I/we own.

5 **Under penalties of perjury**, I swear (or affirm) that:

- The income shown on Part 2, line 13, includes all income of myself, spouse (whether residing on this property or not), and all other persons using this property as a residence as of January 1, 2026;
- I have attached ALL required documentation:
 - If I, my spouse, or any member of my household is required to file a 2025 federal income tax return, a copy of the entire return(s) including all schedules is attached to this application;
 - If I, my spouse, or any member of my household is NOT required to file a 2025 federal income tax return, I have attached a copy of form SSA-1099 and all 1099 forms for annuities, 401Ks, other pensions, interest income, rental income, life insurance dividends, and all other income sources;
- To the best of my knowledge, the information contained in this affidavit is true, correct, and complete;
- If I receive this exemption based on underreported income, I am subject to the repayment of all benefits received plus penalties and interest; and
- The Kane County Supervisor of Assessments may conduct an audit to verify that I am eligible to receive this exemption.

_____/_____/_____
Signature of applicant is **required** Date

Do not write in space below

Approved Denied BASE YEAR _____
Notes _____ BASE EAV \$ _____
_____ EXPIRED HIE \$ _____
_____ TOTAL EAV (LESS FARM) \$ _____
Edited by _____ Date _____ Entered by _____ Date _____